

Virginia EMS Regulations

PART II.

EMS AGENCY, EMS VEHICLE AND EMS PERSONNEL STANDARDS.

Article 1.

EMS Agency Licensure and Requirements.

12 VAC 5-31-300. Requirement for EMS agency licensure and EMS certification.

No person may establish, operate, maintain, advertise or represent themselves or any service or organization as an EMS agency or as EMS personnel without a valid license or certification, or in violation of the terms of a valid license or certification, issued by the Office of EMS.

12 VAC 5-31-310. Provision of EMS within Virginia.

A person providing EMS to a patient received within Virginia and transported to a location within Virginia shall comply with these regulations.

12 VAC 5-31-320. General applicability of the regulations.

These regulations have general application throughout Virginia for an EMS agency and an applicant for EMS agency licensure.

12 VAC 5-31-330. Compliance with regulations.

A. A person shall comply with these regulations. The Office of EMS will publish the Virginia EMS Compliance Manual, a document that describes and provides guidance to EMS agencies, vehicles and personnel on how to comply with these regulations.

B. An EMS agency, including its EMS vehicles and EMS personnel, shall comply with these regulations, the applicable regulations of other state agencies, the Code of Virginia and the United States Code.

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12 VAC 5-31-340. EMS agency name.

A person may not apply to conduct business under a name that is the same as or misleadingly similar to the name of a person licensed or registered by the Office of EMS.

12 VAC 5-31-350. Ability to pay.

In the case of an emergency illness or injury, an EMS agency may not refuse to provide required services including dispatch, response, rescue, life support, emergency transport and interfacility transport based on the inability of the patient to provide means of payment for services rendered by the agency. An EMS agency's decision to refer or refuse to provide service must be based upon the "prudent layperson" standard for determination of the existence of a medical emergency as defined under "emergency services" in § 38.2-4300 of the Code of Virginia.

12 VAC 5-31-360. Public access.

An EMS agency shall provide for a publicly listed telephone number to receive calls for service from the public.

1. The number must be answered in person on a 24-hour basis.
2. Exception: An EMS agency that does not respond to calls from the public but responds only to calls from a unique population shall provide for a telephone number known to the unique population it serves. The number must be answered during all periods when that population may require service and at all other times must direct callers to the nearest available EMS agency.

12 VAC 5-31-370. Designated emergency response agency.

An EMS agency that responds to medical emergencies for its primary service area shall be a designated emergency response agency.

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12 VAC 5-31-380. EMS agency availability.

An EMS agency shall provide service within its primary service area on a 24-hour continuous basis.

12 VAC 5-31-390. Destination/trauma triage.

An EMS agency shall participate in the regional Trauma Triage Plan established in accordance with § 32.1-111.3 of the Code of Virginia.

12 VAC 5-31-400. Nondiscrimination.

An EMS agency may not discriminate due to a patient's race, gender, creed, color, national origin, location, medical condition or any other reason.

12 VAC 5-31-410. EMS agency licensure classifications.

An EMS agency license may be issued for any combination of the following classifications of EMS services:

1. Nontransport first response.
 - a. Basic life support.
 - b. Advanced life support.
2. Ground ambulance.
 - a. Basic life support.
 - b. Advanced life support.
3. Neonatal ambulance.
4. Air ambulance.

12 VAC 5-31-420. Application for EMS agency license.

A. An applicant for EMS agency licensure shall file a written application specified by the Office of EMS.

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B. The Office of EMS may use whatever means of investigation necessary to verify any or all information contained in the application.

C. An ordinance or resolution from the governing body of each locality where the agency maintains an office, stations an EMS vehicle for response within a locality or is a Designated Emergency Response Agency as required by §15.2-955 of the Code of Virginia confirming approval. This ordinance or resolution must specify the geographic boundaries of the agency's primary service area within the locality.

D. The Office of EMS will determine whether an applicant or licensee is qualified for licensure based upon the following:

1. An applicant or licensee must meet the personnel requirements of these regulations.
2. If the applicant is a company or corporation, as defined in §12.1-1 of the Code of Virginia, it must clearly disclose the identity of its owners, officers and directors.
3. An applicant or licensee must provide information on any previous record of performance in the provision of emergency medical service or any other related licensure, registration, certification or endorsement within or outside Virginia.

E. An applicant agency and all places of operation shall be subject to inspection by the Office of EMS for compliance with these regulations. The inspection may include any or all of the following:

1. All fixed places of operations, including all offices, stations, repair shops or training facilities.
2. All applicable records maintained by the applicant agency.
3. All EMS vehicles and required equipment used by the applicant agency.

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12 VAC 5-31-430. Issuance of an EMS agency license.

A. An EMS agency license may be issued by the Office of EMS provided the following conditions are met:

1. All information contained in the application is complete and correct; and
2. The applicant is determined by the Office of EMS to be eligible for licensure in accordance with these regulations.

B. The issuance of a license hereunder may not be construed to authorize any agency to operate any emergency medical services vehicle without a franchise or permit in any county or municipality which has enacted an ordinance pursuant to § 32.1-111.14 of the Code of Virginia making it unlawful to do so.

C. An EMS agency license may include the following information:

1. The name and address of the EMS agency;
2. The expiration date of the license;
3. The types of services for which the EMS agency is licensed; and
4. Any special conditions that may apply.

D. An EMS agency license will be issued and remain valid with the following conditions:

1. An EMS agency license is valid for a period of no longer than two years from the last day of the month of issuance unless and until revoked or suspended by the Office of EMS.
2. An EMS agency license is not transferable.
3. An EMS agency license issued by the Office of EMS remains the property of the Office of EMS and may not be altered or destroyed.

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12 VAC 5-31-440. Display of EMS agency license.

An EMS agency license is publicly displayed in the headquarters of the EMS agency and a copy displayed in each place of operations.

12 VAC 5-31-450. EMS agency licensure renewal.

A. An EMS agency license renewal may be granted following an inspection as set forth in these regulations based on the following conditions:

1. The renewal inspection results demonstrate that the EMS agency complies with these regulations.
2. There have been no documented violations of these regulations that preclude a renewal.

B. If the Office of EMS is unable to take action on a renewal application of a license before expiration, the license remains in full force and effect until the Office of EMS completes processing of a renewal application.

12 VAC 5-31-460. Denial of an EMS agency license.

An application for a new EMS agency license or renewal of an EMS agency license may be denied by the Office of EMS if the applicant or agency does not comply with these regulations.

12 VAC 5-31-470. Modification of an EMS agency license.

A. Any change in the classifications of the EMS vehicles or medical equipment packages permitted to an EMS agency or in any of the conditions that may apply to the EMS agency requires the notification of the Office of EMS and the modification of the EMS agency license.

B. The procedure for modification of a license is as follows:

1. The licensee shall request the modifications in writing on a form prescribed by the Office of EMS.

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2. The Office of EMS may use the full provisions of these regulations in processing a request as an application.

3. Upon receiving a modified license, an EMS agency shall return the original license to the Office of EMS within 15 days and destroy all copies.

4. The issuance of a modified license hereunder may not be construed to authorize an EMS agency to provide emergency medical services or to operate an EMS vehicle without a franchise in any county or municipality that has enacted an ordinance requiring it.

C. A request for modification of an EMS agency license may be denied by the Office of EMS if the applicant or agency does not comply with these regulations.

12 VAC 5-31-480. Termination of EMS agency licensure.

A. An EMS agency terminating service shall surrender the EMS agency license to the Office of EMS.

B. An EMS agency terminating service shall submit written notice to the Office of EMS at least 90 days in advance. Written notice of intent to terminate service must verify the following:

1. Notification of the applicable OMDs, regional EMS councils or local EMS resource agencies, PSAPs and governing bodies of each locality served.
2. Termination of all existing contracts for EMS services, Mutual Aid Agreements, or both.
3. Advertised notice of its intent to discontinue service has been published in a newspaper of general circulation in its service area.

C. Within 30 days following the termination of service, the EMS agency shall provide written verification to the Office of EMS of the following:

1. The return of its EMS agency license and all associated vehicle permits to the Office of EMS.

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2. The removal of all signage or insignia that advertise the availability of EMS to include but not be limited to facility and roadway signs, vehicle markings and uniform items.
3. The return of all medication kits that are part of a local or regional medication exchange program or provision for the proper disposition of medications maintained under a Board of Pharmacy controlled substance registration.
4. The maintenance and secure storage of required agency records and prehospital patient care reports (PPCRs) for a minimum of five years from the date of termination of service.

12 VAC 5-31-490. EMS agency insurance.

A. An EMS agency shall have in effect and be able to furnish proof on demand of contracts for vehicular insurance as follows:

1. Insurance coverage for emergency vehicles shall meet or exceed the minimum requirements as set forth in § 46.2-920 of the Code of Virginia.
2. Insurance coverage for nonemergency vehicles shall meet or exceed the minimum requirements as set forth in § 46.2-472 of the Code of Virginia.
3. Insurance coverage for both classes of aircraft shall meet or exceed the minimum requirements as set forth in § 5.1-88.2 of the Code of Virginia.

B. Nothing in this section prohibits an authorized governmental agency from participating in an authorized "self-insurance" program as long as the program provides for the minimum coverage levels specified in this section.

12 VAC 5-31-500. Place of operations.

A. An EMS agency shall maintain a fixed physical location. Any change in the address of this location requires notification to the Office of EMS before relocation of the office space.

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B. Adequate, clean and enclosed storage space for linens, equipment and supplies shall be provided at each place of operation.

C. The following sanitation measures are required at each place of operation in accordance with standards established by the Centers for Disease Control and Prevention (CDC) and the Virginia occupational safety and health laws (Title 40.1-1 of the Code of Virginia):

1. All areas used for storage of equipment and supplies shall be kept neat, clean, and sanitary.
2. All soiled supplies and used disposable items shall be stored or disposed of in plastic bags, covered containers or compartments provided for this purpose. Regulated waste shall be stored in a red or orange bag or container clearly marked with a biohazard label.

12 VAC 5-31-510. Equipment and supplies.

A. An EMS agency shall hold the permit to an EMS vehicle or have a written agreement for the access to and use of an EMS vehicle.

An EMS agency that does not use an EMS vehicle shall maintain the required equipment and supplies for a nontransport response vehicle.

B. Adequate stocks of supplies and linens shall be maintained as required for the classes of vehicles in service at each place of operations. An EMS agency shall maintain a supply of at least 75 triage tags of a design approved by the Office of EMS. These tags must be maintained in a location readily accessible by all agency personnel.

12 VAC 5-31-520. Storage and security of medications and related supplies.

A. An area used for storage of medications and administration devices and a medication kit used on an EMS vehicle shall comply with requirements

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established by the Virginia Board of Pharmacy and the applicable drug manufacturer's recommendations for climate-controlled storage.

B. Medications and medication kits shall be maintained within their expiration date at all times.

C. Medications and medication kits shall be removed from vehicles and stored in a properly maintained and locked secure area when the vehicle is not in use unless the ambient temperature of the vehicle's interior medication storage compartment is maintained within the climate requirements specified in this section.

D. An EMS agency shall notify the Office of EMS in writing of any diversion of (i.e., loss or theft) or tampering with any controlled substances, medication delivery devices or other regulated medical devices from an agency facility or vehicle. Notification shall be made within 15 days of the discovery of the occurrence.

E. An EMS agency shall protect EMS vehicle contents from climate extremes.

12 VAC 5-31-530. Preparation and maintenance of records and reports.

An EMS agency is responsible for the preparation and maintenance of records that shall be available for inspection by the Office of EMS as follows:

1. Records and reports shall be stored in a manner to ensure reasonable safety from water and fire damage and from unauthorized disclosure to persons other than those authorized by law.
2. EMS agency records shall be prepared and securely maintained at the principal place of operations or a secured storage facility for a period of not less than five years.

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12 VAC 5-31-540. Personnel records.

A. An EMS agency shall have a current personnel record for each individual affiliated with the EMS agency. Each file shall contain documentation of certification (copy of EMS certification, healthcare provider license or EVOC, or both), training and qualifications for the positions held.

B. An EMS agency shall have a record for each individual affiliated with the EMS agency documenting the results of a criminal history background check conducted through the Central Criminal Records Exchange operated by the Virginia State Police no more than 60 days prior to the individual's affiliation with the EMS agency.

12 VAC 5-31-550. EMS vehicle records.

An EMS agency shall have records for each vehicle currently in use to include maintenance reports demonstrating adherence to manufacturer's recommendations for preventive maintenance, valid vehicle registration, safety inspection, vehicle insurance coverage and any reportable motor vehicle collision as defined by the Motor Vehicle Code (Title 46.2 of the Code of Virginia).

12 VAC 5-31-560. Patient care records.

A. An original prehospital patient care report (PPCR) shall specifically identify by name the personnel who meet the staffing requirements of the EMS vehicle.

B. The PPCR shall include the name and identification number of all EMS Personnel on the EMS vehicle and the signature of the Attendant-In Charge.

C. The required minimum data set shall be submitted on a schedule established by the Office of EMS as authorized in § 32.1-116.1 of the Code of Virginia. This requirement for data collection and submission shall not apply to patient care rendered during local emergencies declared by the locality's government and states of emergency declared by the Governor. During such an incident, an

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approved triage tag shall be used to document patient care provided unless a standard patient care report is completed.

12 VAC 5-31-570. EMS Agency Status Report.

A. An EMS agency must submit an "EMS Agency Status Report" to the Office of EMS within 30 days of a request or change in status of the following:

1. Chief executive officer.
2. Chief of operations.
3. Training officer
4. Designated infection control officer.
5. Other information as required.

B. The EMS agency shall provide the leadership position held, to include title, term of office, mailing address, home and work telephone numbers and other available electronic addresses for each individual.

12 VAC 5-31-580. Availability of these regulations.

An EMS agency shall have readily available at each station a current copy of these regulations for reference use by its officers and personnel.

12 VAC 5-31-590. Operational Medical Director requirement.

A. An EMS agency shall have a minimum of one operational medical director (OMD) who is a licensed physician holding endorsement as an EMS physician from the Office of EMS.

An EMS agency shall enter into a written agreement with an EMS physician to serve as OMD with the EMS agency. This agreement shall at a minimum specify the following responsibilities and authority:

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1. This agreement must describe the process or procedure by which the OMD or EMS agency may discontinue the agreement with prior notification of the parties involved in accordance with these regulations.

2. This agreement must identify the specific responsibilities of each EMS physician if an EMS agency has multiple OMDs.

3. This agreement must specify that EMS agency personnel may only provide emergency medical care and participate in associated training programs while acting under the authority of the operational medical director's license and within the scope of the EMS agency license in accordance with these regulations.

4. This agreement must provide for EMS agency personnel to have direct access to the agency OMD in regards to discussion of issues relating to provision of patient care, application of patient care protocols or operation of EMS equipment used by the EMS agency.

5. This agreement must ensure that the adequate indemnification exists for:

- a. Medical malpractice; and
- b. Civil liability.

B. EMS agency and OMD conflict resolution. In the event of an unresolved conflict between an EMS agency and its OMD, the issues involved shall be brought before the regional EMS council or local EMS resource's medical direction committee (or approved equivalent) for review and resolution. When an EMS agency determines that the OMD presents an immediate significant risk to the public safety or health of citizens, the EMS agency shall attempt to resolve the issues in question. If an immediate risk remains unresolved, the EMS agency shall contact the Office of EMS for assistance.

C. Change of operational medical director.

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1. An EMS agency choosing to secure the services of another OMD shall provide a minimum of 30 days advance written notice of intent to the current OMD and the Office of EMS.
2. An OMD choosing to resign shall provide the EMS agency and the Office of EMS with a minimum of 30 days written notice of such intent.
3. When extenuating circumstances require an immediate change of an EMS agency's OMD (e.g., death, critical illness, etc.), the Office of EMS shall be notified by the OMD within one business day so that a qualified replacement may be approved. In the event that the OMD is not capable of making this notification, the EMS agency shall be responsible for compliance with this requirement. Under these extenuating circumstances, the Office of EMS will make a determination whether the EMS agency will be allowed to continue its operations pending the approval of a permanent or temporary replacement OMD.
4. When temporary circumstances require a short-term change of an EMS agency's OMD for a period not expected to exceed one year (e.g., military commitment, unexpected clinical conflict, etc.), the Office of EMS shall be notified by the OMD within 15 days so that a qualified replacement may be approved.
5. The Office of EMS may delay implementation of a change in an EMS agency's OMD pending the completion of any investigation of an unresolved conflict or possible violation of these regulations or the Code of Virginia.

12 VAC 5-31-600. Quality management reporting.

An EMS agency shall have an ongoing Quality Management (QM) Program designed to objectively, systematically and continuously monitor, assess and improve the quality and appropriateness of patient care provided by the agency. The QM Program shall be integrated and include activities related to patient care,

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communications, and all aspects of transport operations and equipment maintenance pertinent to the agency's mission. The agency shall maintain a QM report that documents quarterly PPCR reviews, supervised by the operational medical director.

12 VAC 5-31-610. Reserved.

A provision that occupied this section in the proposed regulation was withdrawn by the State Board of Health before it became effective.

12 VAC 5-31-620. Reserved.

A provision that occupied this section in the proposed regulation was withdrawn by the State Board of Health before it became effective.

12 VAC 5-31-630. Designated emergency response agency mutual aid.

A. A designated emergency response agency shall provide aid to all other designated emergency response agencies within the locality.

B. A designated emergency response agency shall maintain written mutual aid agreements with adjacent designated emergency response agencies in another locality with which it shares a common border. Mutual aid agreement(s) shall specify the types of assistance to be provided and any condition(s) or limitation(s) for providing this assistance.

Article 2.

Emergency Medical Services Vehicle Permit.

12 VAC 5-31-640. EMS vehicle permit requirement.

A. A person may not operate or maintain any motor vehicle, vessel or craft as an EMS vehicle without a valid permit or in violation of the terms of a valid permit.

B. An EMS agency shall file written application for a permit on forms specified by the Office of EMS.

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C. The Office of EMS may verify any or all information contained in the application before issuance.

D. The Office of EMS shall inspect the EMS vehicle for compliance with the vehicle requirements for the class in which a permit is sought.

E. An EMS vehicle permit may be issued provided all of the following conditions are met:

1. All information contained in the application is complete and correct.
2. The applicant is an EMS agency.
3. The EMS vehicle is registered or permitted by the Department of Motor Vehicles or approved equivalent.
4. The inspection meets the minimum requirements as defined in these regulations.
5. The issuance of an EMS vehicle permit does not authorize any person to operate an EMS vehicle without a franchise or permit in any county or municipality that has enacted an ordinance requiring one.

F. An EMS vehicle permit may include but is not be limited to the following information:

1. The name and address of the agency.
2. The expiration date of the permit.
3. The classification and type of the EMS vehicle.
4. The motor vehicle license plate number of the vehicle.
5. Any special conditions that may apply.

G. An EMS vehicle permit may be issued and remain valid with the following conditions:

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1. An EMS vehicle permit remains the property of the Office of EMS and may not be altered or destroyed.
2. An EMS vehicle permit is valid only as long as the EMS agency license is valid.
3. An EMS vehicle permit is not transferable.
4. An EMS agency must equip an EMS vehicle in compliance with these regulations at all times unless the vehicle is permitted as "reserved." A designated emergency response Agency may be issued a "reserved" permit by the Office of EMS.

12 VAC 5-31-650. Temporary EMS vehicle permit.

- A. A temporary EMS vehicle permit may be issued for a permanent replacement or additional EMS vehicle pending inspection. A temporary EMS vehicle permit will not be issued for a vehicle requesting a "reserved" permit.
- B. An EMS agency shall file written application for a temporary permit on forms specified by the Office of EMS. Submission of this application requires the EMS agency to attest that the vehicle complies with these regulations.
- C. The Office of EMS may verify any or all information contained in the application before issuance.
- D. The procedure for issuance of a temporary EMS vehicle permit is as follows:
 1. An EMS agency requesting a temporary permit shall submit a completed application for an EMS vehicle permit attesting that the vehicle complies with these regulations.
 2. The Office of EMS may inspect an EMS vehicle issued a temporary permit at any time for compliance with these regulations and issuance of an EMS vehicle permit.

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E. A temporary EMS vehicle permit may include but not be limited to the following information:

1. The name and address of the EMS agency.
2. The expiration date of the EMS vehicle permit.
3. The classification and type of the EMS vehicle.
4. The motor vehicle license plate number of the vehicle.
5. Any special conditions that may apply.

F. A temporary EMS vehicle permit will be issued and remain valid with the following conditions:

1. A temporary EMS vehicle permit is valid for 60 days from the end of the month issued.
2. A temporary EMS vehicle permit is not transferable.
3. A temporary EMS vehicle permit is not renewable.
4. A temporary EMS vehicle permit shall be affixed on the vehicle to be readily visible and in a location and manner specified by the Office of EMS. An EMS vehicle may not be operated without a properly displayed permit.

12 VAC 5-31-660. Denial of an EMS vehicle permit.

A. An application for an EMS vehicle permit shall be denied by the Office of EMS if any conditions of these regulations fail to be met.

B. The Office of EMS will notify the applicant or licensee of the denial in writing in the event that a permit is denied.

12 VAC 5-31-670. Display of EMS vehicle permit.

A. An EMS vehicle permit shall be affixed on the EMS vehicle, readily visible, and in a location and manner specified by the Office of EMS.

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B. An EMS vehicle may not be operated without a properly displayed EMS vehicle permit.

12 VAC 5-31-680. EMS vehicle advertising.

An EMS vehicle may not be marked or lettered to indicate a level of care or type of service other than that for which it is permitted.

12 VAC 5-31-690. Renewal of an EMS vehicle permit.

A. Renewal of an EMS vehicle permit may be granted following an inspection if the EMS agency and EMS vehicle comply with these regulations.

B. If the Office of EMS is unable to take action on renewal of an EMS vehicle permit before expiration, the permit will remain in effect until the Office of EMS completes processing of the renewal inspection.

Article 3.

Emergency Medical Services Vehicle Classifications and Requirements.

12 VAC 5-31-700. EMS vehicle safety.

An EMS vehicle shall be maintained in good repair and safe operating condition and shall meet the same motor vehicle, vessel or aircraft safety requirements as apply to all vehicles, vessels or craft in Virginia:

1. Virginia motor vehicle safety inspection, FAA Airworthiness Permit or Coast Guard Safety Inspection or approved equivalent must be current.
2. Exterior surfaces of the vehicle including windows, mirrors, warning devices and lights shall be kept clean of dirt and debris.
3. Ground vehicle operating weight shall be no more than the manufacturer's gross vehicle weight (GVW) minus 700 pounds (316 kg).

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4. Emergency operating privileges including the use of audible and visible emergency warning devices shall be exercised in compliance with the Code of Virginia and local motor vehicle ordinances.
5. Smoking is prohibited in an EMS transport vehicle at all times.
6. Possession of a firearm, weapon, or explosive or incendiary device on any EMS vehicle is prohibited, except:
 - a. A sworn law-enforcement officer authorized to carry a concealed weapon pursuant to § 18.2-308 of the Code of Virginia.
 - b. Any rescue line gun or other rescue device powered by an explosive charge carried on a nontransport response vehicle.

12 VAC 5-31-710. EMS vehicle occupant safety.

- A. An occupant shall use mechanical restraints as required by the Code of Virginia.
- B. Equipment and supplies in the patient compartment shall be stored within a closed and latched compartment or fixed securely in place while not in use.
- C. While the vehicle is in motion, equipment and supplies at or above the level of the patient's head while supine on the primary ambulance stretcher shall be secured in place to prevent movement.

12 VAC 5-31-720. EMS vehicle sanitation.

The following requirements for sanitary conditions and supplies apply to an EMS vehicle in accordance with standards established by the Centers for Disease Control and Prevention (CDC) and the Virginia Occupational Safety and Health Law:

1. The interior of an EMS vehicle, including storage areas, linens, equipment, and supplies shall be kept clean and sanitary.

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2. Linen or disposable sheets and pillowcases or their equivalent used in the transport of patients shall be changed after each use.
3. Blankets, pillows and mattresses used in an EMS vehicle shall be intact and kept clean and in good repair.
4. A device inserted into the patient's nose or mouth that is single-use shall be disposed of after use. A reusable item shall be sterilized or high-level disinfected according to current CDC guidelines before reuse. If not individually wrapped, this item shall be stored in a separate closed container or bag.
5. A used sharp item shall be disposed of in a leakproof, puncture-resistant and appropriately marked biohazard container (needle-safe device/sharps box) that is securely mounted.
6. Following patient treatment/transport within the vehicle and before being occupied by another patient:
 - a. Contaminated surfaces shall be cleaned and disinfected using a method recommended by the Centers for Disease Control and Prevention.
 - b. All soiled supplies and used disposable items shall be stored or disposed of in plastic bags, covered containers or compartments provided for this purpose. Regulated waste shall be stored in a red or orange bag or container clearly marked with a biohazard label.

12 VAC 5-31-730. Reserved

A provision that occupied this section in the proposed regulation was withdrawn by the State Board of Health before it became effective.

12 VAC 5-31-740. EMS vehicle inspection.

A. An EMS vehicle is subject to, and shall be available for, inspection by the Office of EMS or its designee, for compliance with these regulations. An

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inspection may be in addition to other federal, state or local inspections required for the EMS vehicle by law.

B. The Office of EMS may conduct an inspection at any time without prior notification.

12 VAC 5-31-750. EMS vehicle warning lights and devices.

An EMS vehicle shall have emergency warning lights and audible devices as approved by the Superintendent of Virginia State Police, Virginia Department of Game and Inland Fisheries or the Federal Aviation Administration (FAA) as applicable.

1. A Ground EMS vehicle shall have flashing or blinking lights installed to provide adequate visible warning from all four sides.
2. A Ground EMS vehicle shall have flashing or blinking red or red and white lights installed on or above the front bumper and below the bottom of the windshield.
3. An EMS vehicle shall have an audible warning device installed to project sound forward from the front of the EMS vehicle.

12 VAC 5-31-760. EMS vehicle communications.

A. An EMS vehicle shall have fixed communications equipment that provides direct two-way voice communications capabilities between the EMS vehicle, other EMS vehicles of the same agency, and either the agency's base of operations (dispatch point) or a governmental public safety answering point (PSAP). This communication capability must be available within the agency's primary service area or within a 25-mile radius of its base of operations, whichever is greater. Service may be provided by private mobile radio service (PMRS) or by mobile radio service (CMRS), but shall have direct and immediate communications via push-to-talk technology.

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B. An ambulance transporting outside its primary service area shall have fixed or portable communications equipment that provides two-way voice communications capabilities between the EMS vehicle and either the agency's base of operations (dispatch point) or a governmental public safety answering point (PSAP) during the period of transport. Service may be provided by private mobile radio service (PMRS) or by mobile radio service (CMRS). When operating outside the agency's primary service area or a 25-mile radius of its base of operations, the requirement for direct and immediate communications via push-to-talk technology does not apply. This requirement does not apply in areas where CMRS is not available.

C. An ambulance or an advanced life support-equipped, nontransport response vehicle shall have communications equipment that provides two-way voice communications capabilities between the EMS vehicle's attendant-in-charge and the receiving medical facilities to which it regularly transports or a designated central medical control on one or more of the following frequencies:

155.340 MHz (statewide HEAR);

155.400 MHz (Tidewater HEAR);

155.280 MHz (Inter-Hospital HEAR);

462.950/467.950 (MED 9 or CALL 1);

462.975/467.975 (MED 10 or CALL 2);

462.950-463.19375/467.950-468.19375 (UHF MED CHANNELS 1-103); and

220 MHz, 700MHz, 800MHz, or 900MHz frequency and designated talkgroup or channel identified as part of an agency, jurisdictional, or regional communications plan for ambulance to hospital communications.

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1. Patient care communications with medical facilities may not be conducted on the same frequencies or talkgroups as those used for dispatch and on-scene operations.

2. Before establishing direct push-to-talk communications with the receiving medical facility or central medical control, EMS vehicles may be required to dial an access code. Radios in ambulances or advanced life support-equipped, nontransport response vehicles must be programmed or equipped with encoding equipment necessary to activate tone-coded squelched radios at medical facilities to which they transport on a regular basis.

3. Nothing herein prohibits the use of CMRS for primary or secondary communications with medical facilities, provided that the requirements of this section are met.

D. Mutual aid interoperability. An EMS vehicle must have fixed communications equipment that provides direct two-way voice communications capabilities between the EMS vehicle and EMS vehicles of other EMS agencies within the jurisdiction and those EMS agencies with which it has mutual aid agreements. Service may be provided by private mobile radio service (PMRS) or by mobile radio service (CMRS), but requires direct and immediate communications via push-to-talk technology. This requirement may be met by interoperability on a common radio frequency or talkgroup, or by fixed or interactive cross-patching under supervision of an agency dispatch center or governmental PSAP. The means of communications interoperability must be identified in any mutual aid agreements required by these regulations.

E. Air ambulance interoperability. A nontransport EMS vehicle or ground ambulance must have fixed communications equipment that provides direct two-way voice communications capabilities between the EMS vehicle and air ambulances designated to serve its primary response area by the State Medevac Plan. An air ambulance must have fixed communications equipment that

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provides direct two-way voice communications capabilities between the air ambulance, other EMS vehicles in its primary response area, and public safety vehicles or personnel at landing zones on frequencies adopted in accordance with this section. Radio communications must be direct and immediate via push-to-talk technology. This requirement may be met by interoperability on a common radio frequency or talkgroup, or by fixed or interactive cross-patching under supervision of an agency dispatch center or governmental PSAP. The frequencies used for this purpose will be those set forth by an agreement among air ambulance providers and EMS agencies for a specific jurisdiction or region, and must be identified in agency, jurisdictional, or regional protocols for access and use of air ambulances. Any nontransport EMS vehicle or ground ambulance not participating in such an agreement must be capable of operating on VHF frequency 155.205 MHz (carrier squelch), which is designated as the Statewide EMS Mutual Aid Frequency. An air ambulance must be capable of operating on VHF frequency 155.205 MHz (carrier squelch) in addition to any other frequencies adopted for jurisdictional or regional interoperability.

F. FCC licensure. An EMS agency shall maintain appropriate FCC radio licensure for all radio equipment operated by the EMS agency. If the FCC radio license for any radio frequency utilized is held by another person, the EMS agency shall have written documentation on file of their assigned authority to operate on such frequencies.

G. In-vehicle communications. An ambulance shall have a means of voice communications (opening, intercom, or radio) between the patient compartment and operator's compartment.

12 VAC 5-31-770. Ground EMS vehicle markings.

A. The vehicle body of a nontransport response vehicle, a ground ambulance or a neonatal ambulance must be marked with a reflective horizontal band permanently affixed to the sides and rear of the vehicle body. This horizontal

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reflective band must be of a material approved for exterior use, a minimum of four inches continuous in height.

B. The Star of Life emblem may appear on an EMS vehicle that conforms to the appropriate U.S. Department of Transportation specifications for the type and class of vehicle concerned. If used on any ground ambulance or neonatal ambulance, the emblem (14-inch size minimum) must appear on both sides of the EMS vehicle.

C. The following must appear in permanently affixed lettering that is a minimum of three inches in height and of a color that contrasts with the surrounding vehicle background. Lettering must comply with the restrictions and specifications listed in these regulations.

1. Nontransport response vehicle. The name of the EMS agency that the vehicle is permitted to shall appear on both sides of the vehicle body in reflective lettering.

Exception: A designated emergency response agency must have the approval of the Office of EMS for a vehicle to display an alternate name.

2. Ground ambulance:

a. The name of the EMS agency that the vehicle is permitted to must appear on both sides of the vehicle body in reflective lettering.

Exception: A designated emergency response agency must have the approval of the Office of EMS for a vehicle to display an alternate name.

b. The word "AMBULANCE" in reverse on the vehicle hood or bug deflector.

c. The word "AMBULANCE" on or above rear doors.

3. Neonatal Ambulance:

a. The name of the EMS agency to which the vehicle is permitted must appear on both sides of the vehicle body in reflective lettering.

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- b. "NEONATAL CARE UNIT" or other similar designation, approved by the Office of EMS, must appear on both sides of the vehicle body.

12 VAC 5-31-780. Air Ambulance markings.

A. On a primary air ambulance, the following must appear in permanently affixed lettering that is a minimum of three inches in height and of a color that contrasts with its surrounding background. Lettering must comply with the restrictions and specifications listed in these regulations.

- 1. The name of the EMS agency that the aircraft is permitted to must appear on both sides of the aircraft body. This lettering may appear as part of an organization logo or emblem as long as the agency name appears in letters of the required height.

Exception: A Designated Emergency Response Agency must have the approval of the Office of EMS for a vehicle to display an alternate name.

- 2. Agency or FAA assigned unit/vehicle identification number must appear on both sides of the aircraft.

B. The Star of Life emblem may appear on an air ambulance. If used, the emblem (14-inch size minimum) shall appear on both sides, and/or front and rear of the air ambulance.

12 VAC 5-31-790. EMS vehicle letter restrictions and specifications.

A. The following specifications apply to an EMS vehicle: the EMS agency name must appear in lettering larger than any optional lettering on an EMS vehicle, other than "Ambulance," the unit identification number or any lettering on the roof. Optional lettering, logos or emblems may not appear on an EMS vehicle in a manner that interferes with the public's ability to readily identify the EMS agency to which the EMS vehicle is permitted.

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1. Additional lettering, logos or emblems must not advertise or imply a specified patient care level (i.e., Advanced Life Support Unit) unless the EMS vehicle is so equipped at all times.

2. The terms "Paramedic" or "Paramedical" may only be used when the EMS vehicle is both equipped and staffed by a state certified EMT-Paramedic at all times.

B. A nontransport response vehicle with a primary purpose as a fire apparatus or law-enforcement vehicle is not required to comply with the specifications for vehicle marking and lettering, provided the vehicle is appropriately marked and lettered to identify it as an authorized emergency vehicle.

C. An unmarked vehicle operated by an EMS agency is not eligible for issuance of an EMS vehicle permit except a vehicle used and operated by law-enforcement personnel.

12 VAC 5-31-800. Nontransport response vehicle specifications.

A. A vehicle maintained and operated for response to the location of a medical emergency to provide immediate medical care at the basic or advanced life support level (excluding patient transport) shall be permitted as a nontransport response vehicle unless specifically authorized under Part VI (12 VAC 5-31-2100 et seq.) of this chapter.

A nontransport response vehicle may not be used for the transportation of patients except in the case of a major medical emergency. In such an event, the circumstances of the call shall be documented.

B. A nontransport response vehicle must be constructed to provide sufficient space for safe storage of required equipment and supplies specified in these regulations.

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A nontransport response vehicle used for the delivery of advanced life support must have a locking storage compartment or approved locking bracket for the security of medications and medication kits. When not in use, medications and medication kits must be kept locked in the required storage compartment or approved bracket at all times. The EMS agency shall maintain medications and medication kits as specified in these regulations.

1. Sedan/zone car must have an approved locking device attached within the passenger compartment or trunk, inaccessible by the public.
2. Utility vehicle/van must have an approved locking device attached within the vehicle interior, inaccessible by the public.
3. Rescue vehicle/fire apparatus must have an approved locking device attached within the vehicle interior or a locked compartment, inaccessible by the public.

C. A nontransport response vehicle must have a motor vehicle safety inspection performed following completion of conversion and before applying for an EMS vehicle permit.

12 VAC 5-31-810. Ground ambulance specifications.

A. A vehicle maintained and operated for response to the location of a medical emergency to provide immediate medical care at the basic or advanced life support level and for the transportation of patients shall be permitted as a ground ambulance.

B. A ground ambulance must be commercially constructed and certified to comply with the current federal specification for the Star of Life ambulance (U.S. General Services Administration KKK-A-1822 standards) as of the date of vehicle construction, with exceptions as specified in these regulations.

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C. A ground ambulance must be constructed to provide sufficient space for the safe storage of all required equipment and supplies.

1. A ground ambulance must have a locking interior storage compartment or approved locking bracket used for the secure storage of medications and medication kits that is accessible from within the patient compartment. Medications and medication kits must be kept in a locked storage compartment or approved bracket at all times when not in use. The EMS agency must maintain medications and medication kits as specified in these regulations.
2. Required equipment and supplies specified in these regulations, excluding those in 12 VAC 5-31-860 I, J and K, must be available for access and use from inside the patient compartment.

12 VAC 5-31-820. Advanced Life Support Equipment Package.

A. An EMS agency licensed to operate nontransport response vehicles or ground ambulances with ALS personnel shall maintain a minimum of one vehicle equipped with an ALS equipment package of the highest category licensed. ALS equipment packages consist of the following categories:

1. ALS – EMT-enhanced equipment package; and
2. ALS – EMT-intermediate/EMT-paramedic equipment package.

B. ALS equipment packages shall consist of the equipment and supplies as specified in these regulations.

12 VAC 5-31-830. Neonatal ambulance specifications.

A. A vehicle maintained and operated exclusively for the transport of neonatal patients between medical facilities shall be permitted as a neonatal ambulance. A neonatal ambulance shall not be used for response to out-of-hospital medical emergencies.

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B. A neonatal ambulance must be commercially constructed and certified to comply with the current U.S. General Services Administration KKK-A-1822 standards as of the date of vehicle construction.

C. A neonatal ambulance must be constructed to provide sufficient space for safe storage of required equipment and supplies specified in these regulations.

1. A neonatal ambulance must be equipped to transport two incubators using manufacturer-approved vehicle mounting devices.
2. A neonatal ambulance must have an installed auxiliary power unit that is capable of supplying a minimum of 1.5 Kw of 110 VAC electric power. The auxiliary power unit must operate independent of the vehicle with starter and power controls located in the patient compartment.
3. A neonatal ambulance must have a locking interior storage compartment or approved locking bracket used for the secure storage of medications and medication kits that is accessible from within the patient compartment. Medications and medication kits must be kept in a locked storage compartment or approved bracket at all times when not in use. The EMS agency must maintain medications and medication kits as specified in these regulations.
4. Required equipment and supplies specified in these regulations must be available for access and use from inside the patient compartment.

12 VAC 5-31-840. Air ambulance specifications.

A. An aircraft maintained and operated for response to the location of a medical emergency to provide immediate medical care at the basic or advanced life support level and for the transportation of patients shall be permitted as an air ambulance.

B. An air ambulance must be commercially constructed and certified to comply with the current U.S. Federal Aviation Administration standards as of the date of

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aircraft construction. An air ambulance must be constructed to provide sufficient space for safe storage of required equipment and supplies specified in these regulations.

C. Required equipment and supplies specified in these regulations, excluding those in 12 VAC 5-31-860 I and J, must be available for access and use from inside the patient compartment. A rotary wing air ambulance must be equipped with a 180-degree controllable searchlight of at least 400,000 candle power.

12 VAC 5-31-850. EMS vehicle equipment requirements.

In addition to the items otherwise listed in this article, an EMS vehicle must be equipped with all of the items required for its vehicle classification and any ALS equipment package it carries as listed in 12 VAC 5-31-860.

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12 VAC 5-31-860. Required vehicle equipment.

REQUIRED VEHICLE EQUIPMENT	Nontransport Vehicle	Ambulance	EMT-E Package	EMT-I/P Package	Air Ambulance	Neonatal Ambulance
A. Basic life support equipment.						
Automated external defibrillator (AED) with a set of patient pads. This may be a combination device that also has manual defibrillation capability.	1	1				
Pocket mask or disposable airway barrier device with one-way valve.	2	2			1	2
Oropharyngeal airways, set of 6, nonmetallic in infant, child and adult sizes, ranging from 43mm to 100 mm (sizes 0-5).	2	2			1	2
Nasopharyngeal airways, set of 4, varied sizes, with water-soluble lubricant.	1	1			1	1
Self-inflating bag-valve-mask resuscitator with oxygen reservoir in adult size with transparent mask in adult size.	1	1			1	1

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Self-inflating bag-valve-mask resuscitator with oxygen reservoir in child size with transparent masks in infant and child sizes.	1	1			1	1
B. Oxygen apparatus.						
Portable oxygen unit containing a quantity of oxygen sufficient to supply the patient at the appropriate flow rate for the period of time it is anticipated oxygen will be needed, but not less than 10 liters per minute for 15 minutes. This unit must be capable of being manually controlled and have an appropriate flowmeter.	1	1			1	1
Installed oxygen system containing a sufficient quantity of oxygen to supply two patient flowmeters at the appropriate flow rate for the period of time it is anticipated oxygen will be needed, but not less than 10 liters per minute for 30 minutes. This unit must be capable of being manually controlled, have two flowmeters, and have an attachment available for a single-use humidification device.		1			1	1

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High concentration oxygen masks (80% or higher delivery) in child and adult sizes. These masks must be made of single use soft see-through plastic or rubber.	2	4			2	4
Oxygen nasal cannulae, in infant, child and adult sizes. These cannulae must be made of single use soft see-through plastic or rubber.	2	4			2	4
C. Suction apparatus.						
Portable suction apparatus capable of providing a minimum of twenty minutes of continuous operation at a vacuum of 300 millimeters of mercury or greater and free air flow of over 30 liters per minute at the delivery tube. A manually powered device does not meet this requirement.	1	1			1	1
Installed suction apparatus capable of providing a minimum of twenty minutes of continuous operation at a vacuum of 500 millimeters of mercury or greater and free air flow of over 30 liters per minute at the delivery tube.		1			1	1

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Suction catheters that are sterile, individually wrapped, disposable, and made of rubber or plastic in sizes as follows: Rigid Tonsil Tip, FR18, FR14,FR 8 and FR 6.	2	2			2	2
D. Patient assessment equipment.						
Stethoscope in adult size.	1	2			1	1
Stethoscope in pediatric size.	1	1			1	1
Stethoscopes in infant and neonate sizes.						2
Sphygmomanometer in child, adult and large adult sizes.	1	1			1	1
Sphygmomanometer in infant size.						2
Vinyl triage tape, rolls, minimum of 150 ft. each of red, black, green and yellow.	1	1				
E. Dressings and supplies.						
First aid kit of durable construction and suitably equipped. The contents of this kit may be used to satisfy these supply requirements completely or in part.	1	1			1	1
Trauma dressings, a minimum of 8" x 10" - 5/8 ply when folded, sterile and individually wrapped.	4	4			2	4
4" x 4" gauze pads, sterile and individually wrapped.	24	24			10	24

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Occlusive dressings, sterile 3" x 8" or larger.	4	4			2	4
Roller or conforming gauze of assorted widths.	12	12			12	12
Cloth Triangular bandages, 36" x 36" x 51", triangle unfolded.	10	10				
Medical adhesive tape, rolls of 1" and 2".	4	4			4	4
Trauma scissors.	1	1			1	1
Alcohol preps.	12	12			12	12
Emesis basin containers or equivalents.	2	2			2	2
Suspension of Activated Charcoal, 50 grams.	1	1				1
Sterile normal saline for irrigation, 1000 ml containers (or the equivalent volume in other container sizes).	1	4			2	4
F. Obstetrical kits, containing the following:	1	2			1	2
Sterile surgical gloves (pairs).	2	2			2	2
Scissors or other cutting instrument.	1	1			1	1
Umbilical cord ties (10" long) or disposable cord clamps.	4	4			4	4
Sanitary pads.	1	1			1	1
Cloth or disposable hand towels.	2	2			2	2

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Soft-tipped bulb syringe.	1	1			1	1
G. Personal protection equipment.						
Waterless antiseptic handwash.	1	1			1	1
Exam gloves, nonsterile, pairs in sizes small through extra large.	5	10			5	10
Disposable gowns/coveralls, each in assorted sizes if not one-size-fits-all style.	2	4				4
Faceshield/eyewear.	2	4			2	4
Infectious waste trash bags.	2	4			2	4
H. Linen and bedding.						
Towels, cloth.	2	2			2	2
Pillows.		2				
Pillow cases.		2				
Sheets.		4			2	4
Blankets.	2	2			2	2
Male urinal.		1				
Bedpan with toilet paper.		1				
I. Splints and immobilization devices.						
Rigid cervical collars in sizes small adult, medium adult, large adult and pediatric. If adjustable type adult collars are used, then a minimum of three are sufficient.	2	2			1	2

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Traction splint with ankle hitch and stand, or equivalent. Capable of adult and pediatric application.		1				
Padded board splints or equivalent for splinting fractures of the upper extremities.		2			1	
Padded board splints or equivalent for splinting fractures of the lower extremities.		2			1	
Long spineboards 16" x 72" minimum size, with at least four (4) appropriate restraint straps, cravats or equivalent restraint devices for each spine board.		2			1	
Short spineboard 16" x 34" minimum size or equivalent spinal immobilization devices.		1				
Pediatric immobilization device.		1				1
Cervical immobilization devices (i.e., set of foam blocks/towels or other approved materials).		2			1	
J. Safety equipment.						
Wheeled ambulance cot with a minimum 350 lb. capacity, three restraint straps and the manufacturer-approved vehicle-mounting device.		1				

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Removable cot or spineboard with a minimum of three restraint straps and the manufacturer approved aircraft-mounting device.					1	
"D" Cell or larger flashlight.	1	2	2	2	1	2
Five-pound ABC or equivalent fire extinguisher securely mounted in the vehicle in a quick release bracket. One accessible to the patient compartment. *FAA requirements must be satisfied by Air Ambulances.*	1	2	2	2	1*	2
"No Smoking" sign located in the patient compartment.		1			1	1
K. Tools and hazard warning devices.						
Adjustable wrench, 10".	1	1				1
Screwdriver, regular #1 size blade.	1	1				1
Screwdriver, Phillips #1 size blade.	1	1				1
Hammer, minimum 2 lb.	1	1				1
Locking pliers, (vise grip type) 10".	1	1				1
Spring-loaded center punch.	1	1				
Hazard warning devices (reflective cone, triangle or approved equivalent).	3	3				3
Current U.S.-D.O.T. approved Emergency Response Guidebook.	1	1			1	1

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L. Advanced life support equipment.						
ECG monitor/manual defibrillator capable of synchronized cardioversion and noninvasive external pacing with capability for monitoring and defibrillating adult and pediatric patients.				1	1	1
ECG monitoring electrodes, set, in adult and pediatric sizes as required by device used.				2	2	
ECG monitoring electrodes, set, in infant size as required by device used.						2
Defibrillation and pacing electrodes in adult and pediatric sizes as required by device used.				2	2	2
Medication kit with all controlled medications authorized for use by the EMS agency's EMT-enhanced personnel and other appropriately licensed advanced level personnel. The medication kit may contain additional medications if the kit is a standardized box utilized by multiple EMS agencies operating under a joint box exchange program.			1			

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Medication kit with all controlled medications authorized for use by the EMS agency's EMT-intermediate, EMT-paramedic and other authorized licensed personnel. The medication kit may contain additional medications if the kit is a standardized box utilized by multiple EMS agencies operating under a joint box exchange program.				1	1	1
Assorted intravenous, intramuscular, subcutaneous and other medication delivery devices and supplies as specified by the agency OMD.			1	1	1	1
M. Advanced airway equipment that must consist of:						
Dual lumen airway device (e.g., EOA, Combi-tube, PTL) or laryngeal mask airway (LMA).			1	1		
Intubation kit to include all of the following items as indicated:			1	1	1	1
Laryngoscope handle with two sets of batteries, adult and pediatric blades in sizes 0-4.			1	1	1	
Laryngoscope handle with two sets of batteries, blades in sizes 0-1.						1

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McGill forceps, in adult and pediatric sizes.			1	1	1	
Single-use disposable endotracheal tubes in sizes 8.0, 7.0, 6.0, 5.0, 4.0, 3.0 and 2.5mm or equivalent sizes.			2	2	2	
Single-use disposable endotracheal tubes in sizes 4.0, 3.0 and 2.5mm or equivalent sizes.						2
Rigid adult stylettes.			2	2	2	
10 cc disposable syringes.			2	2	2	2
5 ml of water-soluble surgical lubricant.			1	1	1	1

12 VAC 5-31-870 to 12 VAC 5-31-890. (Reserved.)**Article 4.****EMS Personnel Requirements and Standard of Conduct.****12 VAC 5-31-900. General requirements.**

EMS personnel shall meet and maintain compliance with the following general requirements:

1. Be a minimum of 16 years of age. (An EMS agency may have associated personnel who are less than 16 years of age. This person is not allowed to participate in any EMS response, or any training program or other activity that may involve exposure to a communicable disease, hazardous chemical or other risk of serious injury.)
2. Be clean and neat in appearance;
3. Be proficient in reading, writing and speaking the English language in order to clearly communicate with a patient, family or bystander to determine a chief

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complaint, nature of illness, mechanism of injury and/or assess signs and symptoms.

4. Have no physical or mental impairment that would render him unable to perform all practical skills required for that level of training. Physical and mental performance skills include the ability of the individual to function and communicate independently to perform appropriate patient care, physical assessments and treatments without the need for an assistant.

12 VAC 5-31-910. Criminal or enforcement history.

EMS personnel shall meet and maintain compliance with the following general requirements:

1. Has never been convicted or found guilty of any crime involving sexual misconduct where the lack of affirmative consent by the victim is an element of the crime, such as forcible rape.
2. Has never been convicted of a felony involving the sexual or physical abuse of children, the elderly or the infirm, such as sexual misconduct with a child, making or distributing child pornography or using a child in a sexual display, incest involving a child, assault on an elderly or infirm person.
3. Has never been convicted or found guilty of any crime (including abuse, neglect, theft from, or financial exploitation) of a person entrusted to his care or protection in which the victim is a patient or is a resident of a health care facility.
4. Has never been convicted or found guilty of any crime involving the use, possession, or distribution of illegal drugs except that the person is eligible for affiliation five years after the date of final release if no additional crimes of this type have been committed during that time.

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5. Has never been convicted or found guilty of any other act that is a felony except that the felon is eligible for affiliation five years after the date of final release if no additional felonies have been committed during that time.

6. Is not currently under any disciplinary or enforcement action from another state EMS office or other recognized state or national healthcare provider licensing or certifying body. Personnel subject to these disciplinary or enforcement actions may be eligible for certification provided there have been no further disciplinary or enforcement actions for five years prior to application for certification in Virginia.

7. Has never been subject to a permanent revocation of license or certification by another state EMS office or other recognized state or national healthcare provider licensing or certifying body.

B. EMS personnel may not act as an operator of an EMS vehicle if they have been convicted upon a charge of driving under the influence of alcohol or drugs, convicted of a felony or assigned to any alcohol safety action program or driver alcohol rehabilitation program pursuant to § 18.2-271.1 hit and run, or operating on a suspended or revoked license within the past five years. A person having any of these convictions in Virginia or another state may be eligible for reinstatement as an operator after five years and after successful completion of an approved emergency vehicle operator's course (EVOC) within the year prior to reinstatement.

C. All references to criminal acts or convictions under this section refer to substantially similar laws or regulations of any other state or the United States. Convictions include prior adult convictions, juvenile convictions and adjudications of delinquency based on an offense that would have been, at the time of conviction, a felony conviction if committed by an adult within or outside Virginia.

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12 VAC 5-31-920. Reserved**

12 VAC 5-31-930. State and federal law compliance.

EMS personnel shall comply with all federal, state, and local laws applicable to their EMS operations.

12 VAC 5-31-940. Reserved.

A provision that occupied this section in the proposed regulation was withdrawn by the State Board of Health before it became effective.

12 VAC 5-31-950. Disclosure of patient information.

EMS personnel may not share or disclose medical information concerning the names, treatments, conditions or medical history of patients treated. This information must be maintained as confidential, except:

1. To provide a copy of the prehospital patient care report completed by the attendant-in-charge to the receiving facility for each patient treated or transported;
2. To provide a copy of the prehospital patient care report completed by the attendant-in-charge for each patient treated to the agency that responds and transports the patients. The prehospital patient care report copy may be released to the transporting agency upon request after the patient transport to complete the transporting agency's records of all care provided to the patients transported;
3. To provide for the continuing medical care of the patient;
4. To the extent necessary and authorized by the patient or his representative in order to collect insurance payments due;
5. To provide continuing medical education of EMS personnel who provide the care or assistance when patient identifiers have been removed; or

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6. To assist investigations conducted by the board, department or Office of EMS.

12 VAC 5-31-960. Misrepresentation of qualifications.

EMS personnel may not misrepresent themselves as authorized to perform a level of care for which they are not currently qualified, licensed or certified. This requirement does not prohibit the performance of patient care by students currently enrolled in a training program when properly supervised as required by these regulations.

12 VAC 5-31-970. Reserved.

A provision that occupied this section in the proposed regulation was withdrawn by the State Board of Health before it became effective.

12 VAC 5-31-980. False application for license, permit, certificate, endorsement or designation.

EMS personnel may not obtain or aid another person in obtaining agency licensure, vehicle permitting, certification, endorsement or designation through fraud, deceit, forgery or deliberate misrepresentation or falsification of information.

12 VAC 5-31-990. False statements or submissions.

EMS personnel may not make false statements, misrepresentations, file false credentials or willfully conceal material information to the board, the department, or the Office of EMS regarding application for agency licensure, vehicle permitting, certification, endorsement or designation or in connection with an investigation conducted by the board, the department or the Office of EMS.

12 VAC 5-31-1000. Falsification of materials.

EMS personnel may not willfully alter or change the appearance or wording of any license, permit, certificate, endorsement, designation, prehospital patient

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care report, official agency documents, or any forms submitted to the Office of EMS.

12 VAC 5-31-1010. Misappropriation or theft of medications.

EMS personnel may not possess, remove, use or administer any controlled substances, medication delivery devices or other regulated medical devices from any EMS agency, EMS vehicle, health care facility, academic institution or other location without proper authorization.

12 VAC 5-31-1020. Discrimination in provision of care.

EMS personnel may not discriminate in the provision of emergency medical services based on race, gender, religion, age, national origin, medical condition or any other reason.

12 VAC 5-31-1030. Sexual harassment.

EMS personnel may not engage in sexual harassment of patients or coworkers. Sexual harassment includes making unwelcome sexual advances, requesting sexual favors, and engaging in other verbal or physical conduct of a sexual nature as a condition of:

1. The provision or denial of emergency medical care to a patient;
2. The provision or denial of employment;
3. The provision or denial of promotions to a coworker;
4. For the purpose or effect of creating an intimidating, hostile, or offensive environment for the patient or unreasonably interfering with a patient's ability to recover; or
5. For the purpose or effect of creating an intimidating, hostile or offensive working environment or unreasonably interfering with a coworker's ability to perform his work.

Virginia EMS Regulations**12 VAC 5-31-1040. Operational medical director authorization to practice.**

EMS personnel may only provide emergency medical care while acting under the authority of the operational medical director for the EMS agency for which they are affiliated and within the scope of the EMS agency license.

12 VAC 5-31-1050. Reserved.

A provision that occupied this section in the proposed regulation was withdrawn by the State Board of Health before it became effective.

12 VAC 5-31-1060. Transport without required personnel.

An EMS provider may provide care in the event that the required EMS personnel do not respond to a call to fully staff the ambulance that has responded to the scene. The circumstances of the call must be documented in writing. Based on circumstances and documentation, the EMS agency or the EMS provider may be subject to enforcement action.

12 VAC 5-31-1070. Extraordinary care outside of protocols.

In the event of an immediate threat to loss of life or limb, medical control may authorize an EMS provider with specific training to provide care not authorized under existing protocol. The circumstances must be documented on the patient care report.

12 VAC 5-31-1080. Inability to carry out medical control orders.

In the following circumstances, EMS personnel may refuse to perform specific procedures or treatments, provided medical control is informed of the refusal and the refusal of care is documented on the prehospital patient care report:

1. If not adequately trained and proficient to perform the procedure;
2. If the procedure is not fully understood; or
3. If the procedure is judged not to be in the best interests of the patient.

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12 VAC 5-31-1090. Refusal of care.

A decision not to treat or transport a patient shall be fully documented on the prehospital patient care report.

12 VAC 5-31-1100. Consent or refusal.

A. Whenever care is rendered without first obtaining consent, the circumstances shall be documented on the prehospital patient care report.

B. Refusal of care must be obtained and documented on the prehospital patient care report.

12 VAC 5-31-1110. Transfer of patient care/patient abandonment.

EMS personnel may not leave a patient in need of emergency medical care without first providing that a level of care capable of meeting the assessed and documented needs of the patient's condition is present and available or a refusal is obtained.

12 VAC 5-31-1120. Provider disagreement over patient's needs.

In the event that responding EMS personnel at the scene of a medical emergency have made differing assessments as to a patient's treatment needs or transport destination, medical control shall be contacted to resolve the conflict.

12 VAC 5-31-1130. Attending of the patient during transports.

During transportation, the patient shall be attended in the patient compartment of the vehicle by the required attendant-in-charge. Where additional attendants are required by these regulations, they must attend the patient in the patient compartment of the vehicle during transportation unless otherwise allowed.

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12 VAC 5-31-1140. Provision of patient care documentation.

A. EMS personnel and EMS agencies shall provide the receiving medical facility or transporting EMS agency with a copy of the prehospital patient care report for each patient treated, either with the patient or within 24 hours.

B. The signature of the medical practitioner who assumes responsibility for the patient shall be included on the prehospital patient care report for an incident when a medication is administered, or self-administration is assisted (excluding oxygen), or an invasive procedure is performed. The medical practitioner signature shall document that the physician has been notified of the medications administered and procedures performed by the EMS personnel. EMS personnel shall not infer that the medical practitioner's signature denotes approval, authorization or verification of compliance with protocol, standing orders or medical control orders.

The receiving medical practitioner signature requirement above does not apply to medications that are maintained by EMS personnel during transport of patients between healthcare facilities, provided adequate documentation of ongoing medications are transferred with the patient by the sending facility.

If a patient is not transported to the hospital or if the attending medical practitioner at the hospital refuses to sign the prehospital patient care report, this prehospital patient care report shall be signed by the agency's operational medical director within seven days of the administration and a signed copy delivered to the hospital pharmacy that was responsible for any medication kit exchange.

12 VAC 5-31-1150. Emergency operation of EMS vehicle.

EMS personnel are only authorized to operate an EMS vehicle under emergency conditions, as allowed by § 46.2-920 of the Code of Virginia:

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1. When responding to medical emergencies for which they have been dispatched or have witnessed.
2. When transporting patients to a hospital or other medical clinic when the attendant-in-charge has determined that the patient's condition is unstable or life threatening.

12 VAC 5-31-1160. Provision of care by mutual aid.

EMS personnel who have not been specifically requested to respond to a call may assist a responding EMS agency at the scene of a medical emergency if the provider is licensed or certified to provide a level of care at the scene that is required to meet the assessed needs of the patient, and

1. A response obligation to locality or a mutual aid agreement exists between the provider's EMS agency and the responding EMS agency, or
2. Medical control shall be contacted to obtain approval to provide patient care as the AIC. If contact with medical control is not possible or would unduly delay the provision of care, then the EMS provider may proceed with the indicated treatment with approval of the responding EMS agency's personnel on the scene. In such event, the circumstances of the incident must be documented on the prehospital patient care report.

12 VAC 5-31-1170. Provision of care by students.

A student enrolled in an approved EMS certification training program may perform the clinical skills and functions of EMS personnel who are certified at the level of the course of instruction while participating in clinical and field internship training as provided for in these regulations when:

1. The student is caring for patients in the affiliated hospitals or other facilities approved by the training program's PCD, provided that the related didactic subject matter and practical skills laboratory have been completed and the

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students are under the direct supervision of a preceptor who is a physician, physician assistant, nurse practitioner, registered nurse or an EMS provider certified at or above the level of the training program. The affiliated hospital or facility must approve preceptors.

2. The student is caring for patients during a required course internship program with an EMS agency approved by the training program's PCD and EMS agency's OMD, provided that the related didactic subject matter and practical skills laboratory have been completed and the student is under direct supervision of and accompanied by an EMS provider certified at or above the level of the training program, or under the direct supervision of a licensed physician.

3. Nothing in subdivision 1 or 2 of this section removes the obligation of the supervising hospital, facility or licensed EMS agency for ultimate responsibility for provision of appropriate patient care during clinical or internship training.

4. Nothing in subdivision 1 or 2 of this section may be construed to authorize a noncertified or unlicensed individual to provide care outside of the approved supervised settings of the training program in which they are enrolled.

5. Nothing in subdivision 1 or 2 of this section may be construed to authorize a noncertified or unlicensed individual to provide care or to operate an emergency medical services vehicle in a county or municipality that has enacted an ordinance pursuant to §32.1-111.14 A 8 of the Code of Virginia making it unlawful to do so.

12 VAC 5-31-1180. Adequate response staffing.

An EMS agency shall provide for an adequate number of trained or certified EMS personnel to perform all essential tasks necessary for provision of timely and appropriate patient care on all calls to which the EMS agency responds.

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1. A responding EMS vehicle shall be staffed with the appropriately trained and qualified personnel to fulfill the staffing requirements for its vehicle classification. An operator may respond alone with an EMS vehicle to a medical emergency if the required EMS providers is known to be responding to the scene.
2. An EMS agency shall respond with a sufficient number of agency or mutual aid agency personnel to lift and move all patients who are in need of treatment or transport.

12 VAC 5-31-1190. Attendant-In-Charge authorization.

An attendant-in-charge shall be authorized by the EMS agency's OMD to use all skills and equipment required for his level of certification and the type of transport to be performed.

12 VAC 5-31-1200. Minimum age of EMS vehicle personnel.

- A. EMS personnel serving in a required staffing position on an EMS vehicle shall be at a minimum 18 years of age.
- B. An EMS agency may allow assistants or observers in addition to the required personnel. An assistant or observer must be at a minimum 16 years of age.

12 VAC 5-31-1210. Nontransport response vehicle staffing.

At a minimum, one person may satisfy both of the following requirements:

1. An operator shall at a minimum possess a valid motor vehicle operator's permit issued by Virginia or another state and have successfully completed an approved emergency vehicle operator's course (EVOC) training course or an equivalent.
2. Attendant-in-charge shall be currently certified as an EMS first responder or emergency medical technician or an equivalent approved by the Office of EMS.

Virginia EMS Regulations**12 VAC 5-31-1220. Transfer of ALS package.**

Advanced life support equipment may be transferred from one EMS vehicle to another EMS vehicle not otherwise equipped to provide the needed level of ALS. When this equipment is transferred, the EMS vehicle shall have required EMS personnel in compliance with these regulations.

12 VAC 5-31-1230. Ground ambulance staffing requirements.

A ground ambulance transport requires a minimum of two persons:

1. An operator shall at a minimum possess a valid motor vehicle operator's permit issued by Virginia or another state and have successfully completed an approved Emergency Vehicle Operator's Course (EVOC) training course or an equivalent.
2. An attendant-in-charge who must meet the requirements listed for the type of transport to be performed.

12 VAC 5-31-1240. Basic life support vehicle transport.

During a basic life support transport, the attendant-in-charge must be certified as an emergency medical technician or an equivalent approved by the Office of EMS.

12 VAC 5-31-1250. Advanced life support vehicle transport.

Advanced life support transport requirements:

1. A ground ambulance equipped with an ALS equipment package. An ALS equipment package may be transferred to a ground ambulance not otherwise equipped to provide the needed level of ALS patient care from another appropriately equipped EMS vehicle. This transfer must include all items required for the type of ALS equipment package that the attendant-in-charge is authorized to use.

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2. The attendant-in-charge must be certified as an advanced life support level provider or an equivalent approved by the Office of EMS.

3. An Attendant must be certified as an emergency medical technician or an equivalent approved by the Office of EMS in addition to the attendant-in-charge. The attendant must not serve as the attendant-in-charge. An operator may serve as the attendant if certified as an emergency medical technician or an equivalent approved by the Office of EMS.

12 VAC 5-31-1260. Supplemented transport requirements.

A. Supplemented transports require the following:

1. An ambulance equipped with an ALS intermediate/paramedic equipment package;
2. A determination by the sending physician that the patient's medically necessary care exceeds the scope of practice of available personnel certified at an advanced life support level or an equivalent approved by the Office of EMS; or
3. A determination by the sending physician that the specific equipment needed to care for the patient exceeds that required for a ground ambulance equipped with an ALS intermediate/paramedic equipment package.

B. An attendant-in-charge who must be a physician, registered nurse or physician assistant who is trained and experienced in the care and the equipment needed for the patient being transported.

C. An Attendant who must be certified as an emergency medical technician or an equivalent approved by the Office of EMS in addition to the attendant-in-charge. The attendant must be a third person who is not the Operator.

D. An EMS agency requested to perform a supplemented transport, is responsible for the following:

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1. Obtaining a written statement from the sending physician detailing the specific nature of the patient's medical condition and the medical equipment necessary for the transport. The written statement may be in the form of transport orders documented in the patient's medical record.
2. Verifying that the individual acting as attendant-in-charge for the transport is experienced in the patient care required and the operation of all equipment to be used for the patient to be transported.

An EMS agency requested to perform a supplemented transport shall refuse to perform the transport if compliance with the requirements of this section cannot be satisfied. Refusal to provide the transport must be documented by the EMS agency.

12 VAC 5-31-1270. Neonatal transport requirements.

A. Neonatal transports require a neonatal ambulance. If a ground ambulance is utilized to perform an interfacility neonatal transport, the vehicle must be equipped with the additional items listed in 12 VAC 5-31-860 D, L and M and staffed in compliance with this section.

B. A minimum of three persons is required:

1. An operator who at a minimum possesses a valid motor vehicle operator's permit issued by Virginia or another state, and who has successfully completed an approved emergency vehicle operator's course (EVOC) training course or an equivalent approved by the Office of EMS.
2. An attendant-in-charge who must be one of the following:
 - a. Physician;
 - b. Registered nurse or physician's assistant, licensed for a minimum of two years, with specialized neonatal transport training; or

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c. Other health care personnel with equivalent training or experience as approved by the Office of EMS.

3. An attendant.

The operator, attendant-in-charge or attendant must be certified as an emergency medical technician or an equivalent approved by the Office of EMS.

12 VAC 5-31-1280. Air ambulance transport requirements.

An air ambulance transport requires a minimum of three persons, the aircraft flight crew and two air medical personnel.

1. Rotary Wing Air Ambulance.

a. A pilot in command shall meet all the requirements of the Federal Aviation Administration, including possession of a valid commercial pilot's certificate for rotor craft and must have a minimum of 1,000 hours in category, of which a minimum of 200 hours must be nighttime.

b. An attendant-in-charge shall be an air medical specialist who must be one of the following:

(1) Physician;

(2) Registered nurse or physician's assistant, licensed for a minimum of two years with specialized air medical training and possessing the equivalent skills of an emergency medical technician - paramedic;

(3) Emergency medical technician – paramedic, certified for a minimum of two years with specialized air medical training; or

(4) Other health care personnel with equivalent training or experience as approved by the Office of EMS.

c. An attendant who shall be an emergency medical technician or an equivalent approved by the Office of EMS.

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d. The attendant-in-charge and the attendant shall not be members of the required flight crew.

2. Fixed Wing Air Ambulance.

a. A pilot in command shall meet all the requirements of the Federal Aviation Administration Regulations Part 135.

b. An attendant-in-charge who at a minimum shall be an air medical specialist who shall be one of the following:

(1) A physician;

(2) A registered nurse or physician's assistant, licensed for a minimum of two years with specialized air medical training and possessing the equivalent skills of an emergency medical technician - paramedic;

(3) An emergency medical technician – paramedic, certified for a minimum of two years with specialized air medical training; or

(4) Any other health care personnel with equivalent training or experience as approved by the Office of EMS.

c. An attendant shall be an emergency medical technician or an equivalent approved by the Office of EMS.

d. The attendant-in-charge and the attendant shall not be members of the required flight crew.

12 VAC 5-31-1290. Exemptions.

A. On January 1, 2003 an EMS vehicle must meet the requirements for vehicle construction and required markings in effect at the time the EMS vehicle was permitted. This exception does not apply to the medication kit storage requirements or if the EMS vehicle permit is surrendered or expires.

B. An EMS vehicle permitted before January 1, 2003 is exempted as follows:

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1. From 12 VAC 5-31-860 A (AED requirement) and 12 VAC 5-31-860 L (ECG monitor/manual defibrillator with synchronized cardioversion and non-invasive pacing requirement) until January 1, 2004.

2. From 12 VAC 5-31-760 (EMS vehicle communications requirement) until January 1, 2004.

C. On January 1, 2003, an EMS vehicle may be reclassified as follows:

1. An immediate response vehicle (Class A) becomes a nontransport response vehicle.

2. A basic life support vehicle (Class B) or an advanced life support vehicle (Class C) becomes a ground ambulance.

3. A specialized life support transport unit (Class D) becomes a ground ambulance unless the EMS agency applies for an EMS vehicle permit as a neonatal ambulance.

4. A life support vehicle for air transportation (Class F) becomes an air ambulance.

D. Existing forms, licenses, certificates, and other materials may be used by the Office of EMS or modified as considered necessary by the Office of EMS until existing stocks are depleted.

E. Current specialized air medical training programs as approved by the Office of EMS comply with these regulations.

F. A designated emergency response agency shall comply with 12 VAC 5-31-620 (staffing capability) by January 1, 2004.